| CAPPER WAS DONNERS OF | | FCCForm481 |
|-----------------------|--|---|
| Däta Coll | ection Form: | OMB(control No) 3060'0986/OMB(control No) 3060'0819 |
| Sec. Manager 1 | and the second s | a July corps |
| <010> | Study Area Code | 139003 |
| <015> | Study Area Name | Virgin Mobile USA LP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Andrew M. Lancaster |
| <035> | Contact Telephone Number - Number of person identified in data line < | 030> 913-762-6107 |
| <039> | Contact Email Address - Email Address of person identified in data line < | <030> andy.m.lancaster@sprint.com |

<711>

| | <â1>- State | ca25' Exchange (ILEC) | | State Regulated Fees | <c></c> | <d1> Broadband Service - Download Speed (Mbps)</d1> | ₹d2> Broadband Service - Upload Speed (Mbps) | Usage Allowance (GB) | Vsage Allowance Action Taken When Limit Reached (select) |
|---|----------------|------------------------|------------------|-----------------------------|---------|---|--|-------------------------|--|
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| | | | | | | | | | |
| } | | | | e attached sheet | | | | | <u> sterija, ja </u> |
| | | | WUIN | Sheet | | | | 36. | |
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| (800) Operating Companies Data Collection Form | OMB Control(No. 3060-0986/OMB Control(No. 3060-0819 |
|---|---|
| | July/2013 |

| <010> | Study Area Code | 139003 | |
|-------|--|-------------------------------------|--|
| <015> | Study Area Name | Virgin Mobile USA LP | |
| <020> | Program Year | 2014 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Andrew M. Lancaster | |
| <035> | Contact Telephone Number - Number of person identified in data lin | e <030> 913-762-6107 | |
| <039> | Contact Email Address - Email Address of person identified in data lin | e <030> andy.m.lancaster@sprint.com | |
| <810> | Reporting Carrier Virgin Mobile USA LP | | |
| <811> | Holding Company Sprint Corporation | | |
| <812> | Operating Company | | |

| | Affiliates | | SAC | Doing Business As Company or Brand Designation |
|---|-------------|---------------------------------------|---------------|--|
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| the second second second | oal Lands Reporting ection Form | FCC Form 481 OMB control(No) = 3060-098670MB Control(No) = 3060-0819 July 2013 * |
|--------------------------|---|--|
| <010> | Study Area Code | 139003 |
| <015> | Study Area Code Study Area Name | Virgin Mobile USA LP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Andrew M. Lancaster |
| <035> | Contact Telephone Number - Number of person identified in data line | <030> 913-762-6107 |
| <039> | Contact Email Address - Email Address of person identified in data lin | e <030> andy.m.lancaster@sprint.com |
| <910> | Tribal Land(s) on which ETC Serves | |
| | | |
| <920> | Tribal Government Engagement Obligation If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached | Name of Attached Document (.pdf) |
| | PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: | |
| | | Select (Yes,No, NA) |
| <921> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions; | |
| <922> | Feasibility and sustainability planning; | |
| <923> | Marketing services in a culturally sensitive manner; | |
| <924> | Compliance with Rights of way processes | |
| <925> | Compliance with Land Use permitting requirements | |
| <926> | Compliance with Facilities Siting rules | |
| <927> | Compliance with Environmental Review processes | |
| <928> | Compliance with Cultural Preservation review processes | |
| <929> | Compliance with Tribal Business and Licensing requirements. | |

| to be distinct a feet of | Terrestrial Backhaul Reporting ection Form | FCC Form 481 OMB Control Nov. 3060-0986/OMB Control Nov. 3060-0819 July 2013 |
|--------------------------|---|--|
| <010> | Study Area Code | 139003 |
| <015> | Study Area Name | Virgin Mobile USA LP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Andrew M. Lancaster |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 913-762-6107 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | andy.m.lancaster@sprint.com |
| <1120> | Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) | |
| <1130> | Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) | |
| | | |

| | rms and Condition for Lifeline Customers | | FCC Form 481 |
|-----------|--|--|---|
| Lifeline | | | OMB:Gontrol No.: 3060-0986/OMB:Gontrol No.: 3060-0819 |
| Data Coll | ection Form | | July 2013+ |
| <010> | Study Area Code | 139003 | |
| <015> | Study Area Code Study Area Name | Vírgin Mobile USA LP | |
| <020> | Program Year | 2014 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Andrew M. Lancaster | |
| <035> | Contact Telephone Number - Number of person identified in data li | ine <030> 913-762-6107 | |
| <039> | Contact Email Address - Email Address of person identified in data I | | |
| | | | - |
| | | | |
| | | | |
| | | | |
| | | | |
| <1210> | Terms & Conditions of Voice Telephony Lifeline Plans | | |
| | | Name of attached document (.pdf) | |
| <1220> | Link to Public Website | HTTPhttp://www.assurancewireless.com/P | ublic/TermsandConditions.aspx |
| | allik to v dolle W doorte | 11111 | |
| | "Please check these boxes below to confirm that the attached PDF, | | |
| | on line 1210, or the website listed, on line 1220, | | |
| | contains the required information pursuant to § | | |
| | 54.422(a)(2) annual reporting for ETCs receiving low-income | | |
| | support, carriers must annually report: | | |
| <1221> | Information describing the terms and conditions of any voice | المحال | |
| \1221> | telephony service plans offered to Lifeline subscribers, | | |
| | telephony service plans offered to thenne subscribers, | | |
| 4000 | | | |
| <1222> | Details on the number of minutes provided as part of the plan, | | |
| | | | |
| <1223> | Additional charges for toll calls, and rates for each such plan. | | |
| | , , , , , , , , , , , , , , , , , , , | | |

| ar 2014 ne - Person USAC should contact regarding this data Andrew ephone Number - Number of person identified in data line <030> 91: ail Address - Email Address of person identified in data line <030> an | Mobile USA LP M. Lancaster -762-6107 iy.m.lancasteresprint.com | FCCForm(481 @MB/Control/Not, 3060-10986/@MB/Control/Not, 3060-0819; July,2013; |
|--|---|--|
| Code 139003 Name Virgir ar 2014 ne - Person USAC should contact regarding this data Andrew phone Number - Number of person identified in data line <030> 91. and Address - Email Address of person identified in data line <030> and and a should be s | Mobile USA LP M. Lancaster -762-6107 | |
| Code 139003 Name Virgir ar 2014 ne - Person USAC should contact regarding this data Andrew phone Number - Number of person identified in data line <030> 91. and Address - Email Address of person identified in data line <030> and and a should be s | Mobile USA LP M. Lancaster -762-6107 | |
| Code 139003 Name Virgir ar 2014 ne - Person USAC should contact regarding this data Andrew ephone Number - Number of person identified in data line <030> 913 ail Address - Email Address of person identified in data line <030> and | Mobile USA LP M. Lancaster -762-6107 | |
| Name Virgin Person USAC should contact regarding this data Phone Number - Number of person identified in data line <030> Andrew Andrew Phone Number - Number of person identified in data line <030> Andrew Andrew Place of the state of | Mobile USA LP M. Lancaster -762-6107 | |
| Name Virgin Person USAC should contact regarding this data Phone Number - Number of person identified in data line <030> Andrew Andrew Phone Number - Number of person identified in data line <030> Andrew Andrew Place of the state of | Mobile USA LP M. Lancaster -762-6107 | |
| ar 2014 ne - Person USAC should contact regarding this data Andrew ephone Number - Number of person identified in data line <030> 913 and Address - Email Address of person identified in data line <030> and and a line <030 | M. Lancaster -762-6107 | |
| ne - Person USAC should contact regarding this data Andrew ephone Number - Number of person identified in data line <030> 91: ail Address - Email Address of person identified in data line <030> an | -762-6107 | |
| phone Number - Number of person identified in data line <030> 91: ail Address - Email Address of person identified in data line <030> an | -762-6107 | |
| an Address - Email Address of person identified in data line <030> an | | |
| an road case and a day of person death and a death and | dy.m.lancaster@sprint.com | |
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| | page I support frozen High Cost support High Cost support to offset | |
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| support as set forth in 47 et it 3 s4.525(b),(e),(a),(e) | . Mornington reported on this form and in the documents attached a | DELIGIT IS DECOURTE. |
| | | |
| Connect America Phase I reporting | | |
| | | |
| - ', ', ', ', | | |
| Tear Certification (47 CFN 3 34.315(b)(2)) | * | <u> </u> |
| arrier Receiving Frozen Support Certification (47 CFR 6 54 312(a)) | | |
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| • • | | |
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| | | |
| o una faculta frozen support certification | | LI |
| arrier Connect America ICC Support (47 CFR § 54.313(d)) | | |
| The state of the s | | |
| | | (Income) |
| nerica Phase II Reporting (47 CFR § 54.313(e)) | | |
| year Broadband Service Certification | | |
| year Broadband Service Certification | | |
| rim Progress Certification | | |
| ise check the box to confirm that the attached PDF, on line 2021, | | |
| tains the required information pursuant to § 54.313 (e)(3)(ii), as a recipi | ent | · · · · · · · · · · · · · · · · · · · |
| AF Phase II support shall provide the number, names, and addresses of | | |
| • | nd | |
| ice in the preceding calendar year. | | |
| rim Progress Community Anchor Institutions | Name of Attached Document Listing Required Information | |
| The second of th | Connect America Phase I reporting Year Certification (47 CFR § 54.313(b)(1)) Year Certification (47 CFR § 54.313(b)(1)) Year Certification (47 CFR § 54.313(b)(2)) Interior Receiving Frozen Support Certification (47 CFR § 54.312(a)) Year Support Certification Year Frozen Support Certification Year Support Certification Year Support Certification Year Support Certification Year Broadband Service Certification Year Broadband Year Broadband Year Broadband Year Broadband Year Broadband Year | Year Certification (47 CFR § 54.313(b)(1)) Year Certification (47 CFR § 54.313(b)(2)) Year Certification (47 CFR § 54.313(b)(2)) Year Receiving Frozen Support Certification (47 CFR § 54.312(a)) Yerozen Support Certification Yerozen Support Used to Build Broadband Yerozen Support Used to Support (47 CFR § 54.313(e)) Yerozen Support Used to Support (47 CFR § 54.313(e)) Yerozen Support Used to Support (47 CFR § 54.313(e)) Yerozen Support Used to Support (47 CFR § 54.313(e)) Yerozen Support Used to Support (47 CFR § 54.313(e)) Yerozen Support (47 CFR § 54.313(e)) Yerozen Support (48 CFR § 54. |

| | | | | <u> </u> | |
|------------|--|---|---|----------------------------|-------------------|
| (3000) Ra | ite Of Return Carrier Additional Documentation | A Section 2018 | *FCC Form 481* | 4.77 | 33 |
| 1.50 | | | 10-12-10-47-10-03-14-14-14-14-14-14-14-14-14-14-14-14-14- | Section 1 | |
| Data Coll | ection Form | | Section of the second | 50-0986/OM8 Control No | (3060-0819) |
| | | e de la companya de | / July 2013 | 32.65 | 1 |
| | | | | | |
| - <010> | Study Area Code 139003 | | | | |
| <015> | Study Area Name Virgin Mc | bile USA LP | | | |
| <020> | Program Year 2014 | | | | |
| <030> | | rew M. Lancaster | | | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 913-762-6107 | | | · |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | andy.m.lancaster@sprint.com | | | |
| | | | | | 1 |
| | an de la participa de la company de la c La company de la company d | | | | |
| CHECK to | he boxes below to note compliance on its five year service quality plan (pursua | nt to 47 CFR § 54.202(a)) and, for privately neid carriers, ensuring he information reported on this form and in the documents attac | | rial reporting requirement | s set forth in 47 |
| | CPR \$ 34.313[[NZ]; Franciel Celtry that t | The information reported on this form and in the documents attac | nes below is accurate. | | |
| | Progress Report on 5 Year Plan | | | | |
| (3010) | Milestone Certification (47 CFR § 54.313(f)(1)(i)) | Name of Attached Document Listing Required Information | | | |
| (2010) | Please check this box to confirm that the attached PDF, on line 3012, | Name of Attached Document Listing Required Information | | | |
| | | | لــــــــــا | | |
| (2011) | contains the required information pursuant to § 54.313 (f)(1)(ii), as a | | | | |
| (3011) | recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing | | | | |
| | access to broadband service in the preceding calendar year. | | | | |
| | access to bibabband service in the preceding caternal year. | | | | |
| (3012) | Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) | Name of Attached Document Listing Required Information | 1. | | 1 |
| (3013) | Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) | | (Yes/No) | 1.0 | |
| (3014) | If yes, does your company file the RUS annual report | | (Yes/No) | | |
| | Please check these boxes to confirm that the attached PDF, on line 3017, | | | | |
| | contains the required information pursuant to § 54.313(f)(2) compliance requires: | | | | |
| | Electronic copy of their annual RUS reports (Operating Report for | | | | |
| (3015) | Telecommunications Borrowers) | | L | | |
| (3016) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | | | |
| (3010) | FOR OF Dalatice Steet, income statement and statement of Cash Flows | | | | |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual | | | | , |
| | report and all required documentation | Name of Attached Document Listing Required Information | The state of | | |
| (3018) | If the response is no on line 3014, Is your company audited? | | (Yes/No) | | |
| | If the response is yes on line 3018, please check the boxes below to | | | | |
| | confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains | | | | |
| | Either a copy of their audited financial statement; or (2) a financial report | | | | |
| (3019) | in a format comparable to RUS Operating Report for Telecommunications | | L | | |
| (2020) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | i i | | |
| (3020) | | | لسا | | |
| (3021) | Management letter issued by the independent certified public accountant | | | | |
| (3022) | that performed the company's financial audit. | | | | |
| | If the response is no on line 3018, please check the boxes below | | | | A. 1 |
| | to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), | | | | |
| | contains: | | <u></u> | | |
| | Copy of their financial statement which has been subject to review by an | | | | 6 |
| (3022) | independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications | | | | |
| | Borrowers, | | | | 2 |
| (2022) | Underlying information subjected to a review by an independent certified | | | | |
| (3023) | public accountant | | | | |
| (3024) | Underlying information subjected to an officer certification. | | | | |
| (3025) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | | | |
| (3026) | Attach the worksheet listing required information | Name of Attached Destinant Listing Destinant Life | t _r | | |
| (3020) | server are worksteer intill Ledanco introdutional | Name of Attached Document Listing Required Information | | | |

| Certifica Data Col | tion - Reporting Car lection Form | ier DMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-----------------------|--------------------------------------|--|
| <010> | Study Area Code | 139003 |
| <015> | Study Area Name | Virgin Mobile USA LP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Pers | on USAC should contact regarding this data Andrew M. Lancaster |
| <035> | Contact Telephone I | lumber - Number of person identified in data-line <030> 913 -762 - 6107 |
| <039> | Contact Email Addre | ss - Email Address of person identified in data line <030> andy.m.lancaster@sprint.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support ecipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | | | | | | |
|--|---|-----------------|---------|--|--|--|
| Name of Reporting Carrier: Virgin Mobile USA LP | | | | | | |
| Signature of Authorized Officer: CERTIFIED ONLINE | | Date 10/10/2013 | | | | |
| Printed name of Authorized Officer: Jay Franklin | | | ie raja | | | |
| Title or position of Authorized Officer: Assistant Controller | | | | | | |
| Telephone number of Authorized Officer: 913 762-6107 | | | 20 15 | | | |
| Study Area Code of Reporting Carrier: 139003 | Filing Due Date for this form: 10/15/2013 | | | | | |

| | tion - Agent / Carrier ection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|-------------|---------------------------------------|---|
| 25.00.00.04 | | July 2013 |
| <010> | Study Area Code | 139003 |
| <015> | Study Area Name | Virgin Mobile USA LP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person | USAC should contact regarding this data Andrew M. Lancaster |
| <035> | Contact Telephone Nur | nber - Number of person identified in data line <030> 913-762-6107 |
| <039> | Contact Email Address | - Email Address of person identified in data line <030> andy.m.lancaster@sprint.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. Iso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | | | | | | | |
|--|--------------------------------|--|--|--|--|--|--|
| Name of Authorized Agent: | | | | | | | |
| Name of Reporting Carrier: | | | | | | | |
| Signature of Authorized Officer: | Date: | | | | | | |
| Printed name of Authorized Officer: | | | | | | | |
| Title or position of Authorized Officer: | | | | | | | |
| Telephone number of Authorized Officer: | | | | | | | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: | | | | | | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent A | Authorized to File Annual Reports for CAF or LI Recipier | its on Behalf of Reporting Carrier | | | |
|--|--|------------------------------------|--|--|--|
| l, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | | | | | |
| Name of Reporting Carrier: | | | | | |
| Name of Authorized Agent or Employee of Agent: | | | | | |
| Signature of Authorized Agent or Employee of Agent: | | Date: | | | |
| Printed name of Authorized Agent or Employee of Agent: | | | | | |
| itle or position of Authorized Agent or Employee of Agent | | | | | |
| Telephone number of Authorized Agent or Employee of Ag | ent: | | | | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: | | | | |

Attachments

| (800) | Ope | ratir | ng Co | mpa | inies |
|-------|-------|-------|-------|-----|-------|
| KI. | C2113 | | | | |

FCCForm481 OMB Control No. 3060 0986/OMB Control No. 3060 0819 July 2013

| <010> | Study Area Code | 139003 |
|-------|-------------------------|---|
| <015> | Study Area Name | Virgin Mobile USA LP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person U | JSAC should contact regarding this data Andrew M. Lancaster |
| <035> | Contact Telephone Num | ber - Number of person identified in data line <030> 913-762-6107 |
| <039> | Contact Email Address - | Email Address of person identified in data line <030> andy.m.lancaster@sprint.com |
| <810> | Reporting Carrier | Virgin Mobile USA LP |
| <811> | Holding Company | Sprint Corporation |
| <812> | Operating Company | |

| <a1>)</a1> | <a2></a2> | <43> |
|----------------------|-----------|--|
| Affiliates | SAC | Doing Business As Company or Brand Designation |
| Virgin Mobile USA LP | 139003 | Assurance Wireless |
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| 1.00 Sept. 10 Sept. 1 | m 481 - Carrier Annual Reporting offection Form | | m: 491 mtrol No. 3060-0986/OMB Contr 3 | |
|--|--|---|---|--------------|
| <010> | Study Area Code | 159018 | | |
| <015> | Study Area Name | Virgin Mobile USA LP | | |
| <020> | Program Year | 2014 | | |
| <030> | Contact Name: Person USAC should contact with questions about this data | Andrew M. Lancaster | | |
| <035> | Contact Telephone Number: Number of the person identified in data line <030 | 913-762-6107 | | |
| <039> | Contact Email Address: Email of the person identified in data line <030> | andy.m.lancaster@sprint.com | <u> </u> | |
| ANNUA | LE REPORTING FOR ALL CARRIERS | | 51.313 Completio Required | m Completion |
| <100> | Service Quality Improvement Reporting | (complete attached worksheet) | | |
| <200> <210> | Outage Reporting (voice) < check box if | (complete attached worksheet) no outages to report | | |
| <310> | Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfilled Service Requests (broadband) Detail on Attempts (broadband) | (attach descriptive document) | | |
| <400> <410> <420> <430> <430> <440> <440> | Number of Complaints per 1,000 customers (voice Fixed Mobile 0.0895 Number of Complaints per 1,000 customers (broat Fixed Mobile | | | |
| <900> <1000> <1010> <1100> <1110> | Service Quality Standards & Consumer Protection 159018ny510 Functionality in Emergency Situations 159018ny610 Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates Tribal Land Offerings (Y/N)? Voice Services Rate Comparability Terrestrial Backhaul (Y/N)? Terms and Condition for Lifeline Customers | Rules Compliance (check to indicate certification) (attached descriptive document) (check to indicate certification) (attached descriptive document) (complete attached worksheet) (complete attached worksheet) (if yes, complete attached worksheet) (check to indicate certification) (attach descriptive document) (if not, check to indicate certification) (complete attached worksheet) (complete attached worksheet) | | |
| <2000> <2005> | Price Cap Carriers, Proceed to <u>Price Cap Additional</u> Including Rate-of-Return Carriers offiliated with Pr | ice Cap Local Exchange Carriers (check to indicate certification) (complete attached worksheet) al Documentation Worksheet | | |
| <3000> <3005> | | (check to indicate certification) (complete attached worksheet) | | |

| <015> Stu <020> Pro <030> Con <035> Con | Ity Area Code Idy Area Name Virgin Mobile Ogram Year Intact Name - Person USAC should contact regarding this data Andrew Montact Telephone Number - Number of person identified in data line <030> Intact Email Address - Email Address of person identified in data line <030> andy s your company received its ETC certification from the FCC? Four answer to Line <110> is yes, do you have an existing §54.202(a) "5 ar plan" filed with the FCC? | M. Lancaster 52-6107 m.lancaster@sprint.com (yes/no) | | | |
|--|---|---|---|--|---|
| <015> Stu <020> Pro <030> Con <035> Con | ogram Year 2014 Intact Name - Person USAC should contact regarding this data Andrew Mantact Telephone Number - Number of person identified in data line <030> 913-76 Intact Email Address - Email Address of person identified in data line <030> andy s your company received its ETC certification from the FCC? Your answer to Line <110> is yes, do you have an existing §54.202(a) "5 | M. Lancaster 52-6107 m.lancaster@sprint.com (yes/no) | | | |
| <020> Pro <030> Cor <035> Cor | ogram Year 2014 Intact Name - Person USAC should contact regarding this data Intact Telephone Number - Number of person identified in data line <030> 913-76 Intact Email Address - Email Address of person identified in data line <030> andy s your company received its ETC certification from the FCC? Your answer to Line <110> is yes, do you have an existing §54.202(a) "5 | M. Lancaster 52-6107 m.lancaster@sprint.com (yes/no) | | , , , , , , , , , , , , , , , , , , , | |
| <030> Cor <035> Cor | ntact Name - Person USAC should contact regarding this data Andrew Montact Telephone Number - Number of person identified in data line <030> 913-76 Intact Email Address - Email Address of person identified in data line <030> andy andy s your company received its ETC certification from the FCC? Your answer to Line <110> is yes, do you have an existing §54.202(a) "5 | (yes/no) | | | |
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| | s your company received its ETC certification from the FCC? our answer to Line <110> is yes, do you have an existing §54.202(a) "5 | (yes/no) O | | | |
| <110> Has | | (| | and the second s | (1907) |
| | | (yes / no) U | | | |
| rep 54. | our answer to Line <111> is yes, then you are required to file a progress port, on line <112> delineating the status of your company's existing § .202(a) "5 year plan" on file with the FCC, as it relates to your provision of ce telephony service. | | | | |
| you CET | ach Five-Year Service Quality Improvement Plan or, in subsequent years, ur annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your compa TC which only receives frozen support, your progress report is only quired to address voice telephony service. | any is a | | | |
| | | Name of Attach | ned Document (.pdf) | | : |
| 112 pla | ease check these boxes below to confirm that the attached PDF, on line 2, contains a progress report on its five-year service quality improvement in pursuant to § 54.202(a). The information shall be submitted at the wire nater level or census block as appropriate. | | | | |
| <113> Ma | aps detailing progress towards meeting plan targets | | | | 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| <114> Rep | port how much universal service (USF) support was received | | 基本 一直 100 | | |
| <115> Ho | w (USF) was used to improve service quality | | | | |
| <116> Ho | w (USF)was used to improve service coverage | | | | |
| <117> Ho | w (USF) was used to improve service capacity | | | | |
| | ovide an explanation of network improvement targets not met the prior calendar year. | | | | |
| | | | Alexander Salarian (Salarian Salarian S | | |

| Study Area Name | Study Area Co | de | | | | 159018 | | | | Santa and a sa | | |
|---|---------------|--|---|--|---|--|--|----------|--------------------|--|---------------------------------------|--------------------------|
| Ontact Name - Person USAC should contact regarding this data Andrew M. Lancaster | | | | | | Virgin Mobile USA | LP | | | | | |
| Contact Telephone Number - Number of person identified in data line <030> 913-762-6107 Contact Telephone Number - Number of person identified in data line <030> andy m. lancastexwaptint.com Contact Email Address - Email Address of person identified in data line <030> andy m. lancastexwaptint.com Contact Email Address - Email Address of person identified in data line <030> andy m. lancastexwaptint.com Contact Email Address - Email Address of person identified in data line <030> andy m. lancastexwaptint.com Contact Email Address - Email Address of person identified in data line <030> andy m. lancastexwaptint.com Contact Email Address - Email Address of person identified in data line <030> andy m. lancastexwaptint.com Contact Email Address - Email Address of person identified in data line <030> andy m. lancastexwaptint.com Contact Email Address - Email Address of person identified in data line <030> andy m. lancastexwaptint.com Contact Email Address - Email Address of person identified in data line <030> andy m. lancastexwaptint.com Contact Email Address - Email Address of person identified in data line <030> andy m. lancastexwaptint.com Contact Email Address - Email Address of person identified in data line <030> andy m. lancastexwaptint.com Contact Email Address - Email Address of person identified in data line <030> andy m. lancastexwaptint.com Contact Email Address - Email Address of person identified in data line <030> andy m. lancastexwaptint.com Contact Email Address - Email Address - Contact Email | Program Year | : | | | | 2014 | | | | | | |
| Contact Email Address - Email Address of person identified in data line <030> andy -m Lancaster waptrintcom Cap | Contact Name | - Person USA(| C should contact | ct regarding this | s data | Andrew M. Lancaster | | | | | | |
| 220> <a> NORS Reference Number Outage Start DateOutage Start TimeOutage End DateOutage End TimeOutage End TimeNumber of Customers Affected Total Number of Customers911 Facilities Affected (Yes / No)Service Outage Description (Check all that apply)Service Outage Study Areas (Yes / No)Prevent ProcedREDACTED | Contact Telep | hone Number | - Number of pe | erson identified | in data line <0 | 30> 913-762-6107 | | | | | | |
| NORS Reference Number Date Time Date Time Outage End Time Customers Affected Customers Outage Start Total Number of Customers Provent Proced REDACTED Did This Outage Affect Outage Description (Check all that apply) Outage Start Reference Outage Affected Study Areas (Yes / No) Resolution Proced REDACTED | Contact Email | Address - Ema | il Address of pe | erson identified | l in data line <0 | 30> andy.m.lancast | erwsprint.com | | | | | |
| NORS Reference Number Date Outage Start Date Outage End Date Time Outage End Time Customers Affected Customers Outage Start Time REDACTED Outage Start Outage Start Outage Start Time Outage Start Time Outage End Date Outage End Time Outage End Time Outage End Time Customers Affected Customers Outage End Total Number of Customers Affected (Yes / No) Resolution Proced REDACTED | | | | e we have | | | | | | | | |
| Reference Number Date Time Date Date Time Date | | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <c1></c1> | <c2></c2> | <d></d> | <e></e> | | <g></g> | <h></h> |
| | Reference | - · · | 1 | 1 | | | | Affected | Description (Check | Affect Multiple Study Areas | λ, - | Preventativ Procedure |
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| | | Study Area Na Program Year Contact Name Contact Telep Contact Email <a>> NORS Reference | Program Year Contact Name - Person USAG Contact Telephone Number Contact Email Address - Email <a> <b1> NORS Reference Outage Start</b1> | Study Area Name Program Year Contact Name - Person USAC should contact Contact Telephone Number - Number of person Contact Email Address - Email Address of person Contact Email Address - State Contact Email Address - Conta | Study Area Name Program Year Contact Name - Person USAC should contact regarding this Contact Telephone Number - Number of person identified Contact Email Address - Email Address of person identified <a> <b1> <b2 <="" <b3=""> NORS Reference Outage Start Outage Start Outage End</b2></b1> | Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <0 Contact Email Address - Email Address of person identified in data line <0 <a #"="" href="mailto:contact-ema</td><td>Study Area Name</td><td>Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> 913-762-6107 Contact Email Address - Email Address of person identified in data line <030> andy.m. lancasterwsprint.com <a > <c > <c</td><td>Study Area Name Virgin Mobile USA LP </td><td>Study Area Name Virgin Mobile USA LP </td><td>Study Area Name Virgin Mobile USA LP Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> 913-762-6107 Contact Email Address - Email Address of person identified in data line <030> andy.m. lancasterwaprint.com <a hr<="" td=""><td>Study Area Name Virgin Mobile USA LP Program Year Contact Name - Person USAC should contact regarding this data Andrew M. Lancaster Contact Telephone Number - Number of person identified in data line <030> 913-762-6107 Contact Email Address - Email Address of person identified in data line <030> andy ·m. lancaster waprint .com </td> | Study Area Name Virgin Mobile USA LP Program Year Contact Name - Person USAC should contact regarding this data Andrew M. Lancaster Contact Telephone Number - Number of person identified in data line <030> 913-762-6107 Contact Email Address - Email Address of person identified in data line <030> andy ·m. lancaster waprint .com | | | | | |

| Acres Co. A. Land | e Offerings including Voice Rate Data ection Forms | | FUG Form 481 OMB Control(No., 3060/0986/OMB/Gontrol(No. 3060/081 July 2013 | 9) |
|-------------------|---|-----------------------------|---|----|
| <010> | Study Area Code | 159018 | | |
| <015> | Study Area Name | Virgin Mobile USA LP | garding the state of the state | |
| <020> | Program Year | 2014 | | |
| <030> | Contact Name - Person USAC should contact regarding this data | Andrew M. Lancaster | | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 913-762-6107 | | |
| <039> | | andy.m.lancaster@sprint.com | | |
| | | | | |
| <701> | Residential Local Service Charge Effective Date 1/1/2013 | | | |
| | Single State wide Peridential Local Service Charge | | | |

| State | Exchange (ILEC) | SAC (CETC) | Rate Type | Residential Local Service Rate | \$<63> State Subscriber Line Charge | | Mandatory Extended Area Service Charge | Total per line Rates and Fe |
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| (710) Broadband Price Offerings Data Gollection Form | #FCC(Form/481) DMB(control(Now3060:0986/OMB(control(Now3060-0819 00)y2013 |
|---|---|
| <010> Study Area Code | 159018 |
| <015> Study Area Name | Virgin Mobile USA LP |
| <020> Program Year | 2014 |
| <030> Contact Name - Person USAC should contact regarding this data | Andrew M. Lancaster |

| :035> | | er - Number of person identifie | | | | | | | |
|-------|--|---|---|--------------------------------|--|---|---|--|--|
| 039> | Contact Email Address - E | mail Address of person identific | ed in data line <030> | andy.m.lancaster@ | sprint.com | | | | |
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| | - CHARLES CONTRACTOR CONTRACTOR | BUILD CONTRACT POTAGE BASET PRINCIPA DE PRI | KNAPO POSEKKA KRATURSKO KRISTA | r vertier is selven and record | Books south the readers on | AN COMMON NAMED IN | | PROPERTY AND | Allegation is a completion and the completion of |
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| l1> | <a1%< th=""><th>(325</th><th><b1>,</b1></th><th></th><th><>></th><th>Broadband Service -</th><th></th><th></th><th>Usage Allowance</th></a1%<> | (325 | <b1>,</b1> | | <>> | Broadband Service - | | | Usage Allowance |
| l1> | <a1></a1> | <\$2> | <61> | State Regulated | ⊘ | Broadband Service - Download Speed | <d2> Broadband Service - Upload Speed (Mbps)</d2> | Usage Allowance | |

| State | Exchange (ILEC) | Residential Rate | State Regulated Fees | Total Rate and Fees | Broadband Service - Download Speed | Broadband Service - Upload Speed (Mbps) | Usage Allowance (GB) | Usage Allowance Action Taken When Limit Reached (<i>select</i>) |
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| <010> | Study Area Code | 159018 | | |
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| <015> | Study Area Name | Virgin Mobile USA LP | St. St. State Company of the S | |
| <020> | Program Year | 2014 | | |
| <030> | Contact Name - Person USAC should contact regarding this data | Andrew M. Lancaster | | |
| <035> | Contact Telephone Number - Number of person identified in data line | <030> 913-762-6107 | | |
| <039> | Contact Email Address - Email Address of person identified in data line | <030> andy.m.lancaster@sprint.com | | |
| <u> </u> | Reporting Carrier Virgin Mobile USA LP | | | |
| <811> | Holding Company Sprint Corporation | | | |
| <812> | Operating Company | | | |

| Affiliates | | SAC | Doing Business As Company or Brand Designation |
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| (900) Trib | oal/Lands/Reporting | JEGGForm 48.14 |
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| A CONTRACTOR OF THE PARTY OF TH | ection Form | OMB Control No. 3060 10986 / OMB Control No. 3060 10819 |
| | | Julγ-2013************************************ |
| 210 | Study Arms Code | 159018 |
| <010> <015> | Study Area Code Study Area Name | Virgin Mobile USA LP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Andrew M. Lancaster |
| <035> | Contact Telephone Number - Number of person identified in data line | <030> 913-762-6107 |
| <039> | Contact Email Address - Email Address of person identified in data line | <i>.</i> |
| | | |
| <910> | Tribal Land(s) on which ETC Serves | |
| | · | |
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| | | |
| | | |
| <920> | Tribal Government Engagement Obligation | |
| | 3. | Name of Attached Document (.pdf) |
| | If your name you comes Tribal lands places calest /Vas Na NA\ far | |
| | If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached | |
| | PDF, on line 920, demonstrates coordination with the Tribal | |
| | government pursuant to § 54.313(a)(9) includes: | |
| | government pursuant to 3 34,313(a)(3) moludes. | |
| | | Select |
| | | (Yes,No, |
| | | NA) |
| <921> | Needs assessment and deployment planning with a focus on Tribal | 1. The St. The St. T. |
| | community anchor institutions; | |
| <922> | Feasibility and sustainability planning; | |
| <923> | Marketing services in a culturally sensitive manner; | |
| <924> | Compliance with Rights of way processes | |
| <925> | Compliance with Land Use permitting requirements | |
| <926> | Compliance with Facilities Siting rules | |
| <927> | Compliance with Environmental Review processes | |
| <928> | Compliance with Cultural Preservation review processes | |
| <929> | Compliance with Tribal Business and Licensing requirements. | |
| | | |

| The season of the Street | STerrestrial Backhaul Reporting ection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--------------------------|---|--|
| <010> | Study Area Code | 159018 |
| <015> | Study Area Name | Virgin Mobile USA LP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Andrew M. Lancaster |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 913-762-6107 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | andy.m.lancaster@sprint.com |
| <1120> | Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) | |
| <1130> | Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) | |

| Lifeline | rms and Condition for Lifeline Customers ection Form | = | | FEC Form 481 OMB Control July 2013 | No: 3060-0986 | OMB Control N | 5. 3060 - 0819 |
|----------|--|----------|--|--|---------------------------------------|---------------------------------------|---|
| <010> | Study Area Code | : | 159018 | | | | |
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| <020> | Program Year | | 2014 | | | | |
| <030> | Contact Name - Person USAC should contact regarding this data | | Andrew M. Lancaster | | · · · · · · · · · · · · · · · · · · · | | - 1-1-1-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| <035> | Contact Telephone Number - Number of person identified in data li | ne <030> | 913-762-6107 | | | | |
| <039> | Contact Email Address - Email Address of person identified in data I | | andy.m.lancaster@sprint.com | | | · · · · · · · · · · · · · · · · · · · | |
| <1210> | Terms & Conditions of Voice Telephony Lifeline Plans | N. | and of attack and do a war and (a df) | | · · · · · · · · · · · · · · · · · · · | | |
| | | Na | ame of attached document (.pdf) | | | | |
| <1220> | Link to Public Website | HTTP | nttp://www.assurancewireless.com/Pub | olic/TermsandCon | litions.aspx | | |
| | "Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report: | | | | | | |
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | / | | | | | |
| <1222> | Details on the number of minutes provided as part of the plan, | <u> </u> | | | | | |
| <1223> | Additional charges for toll calls, and rates for each such plan. | | | | | | |

| Data Coll | ice Cap Carrier Additional Documentation ection Form Rate of Return Carriers affiliated with Price Cap Local Exchange Carriers | | FEGForm 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-----------|---|--|---|
| <010> | Study Area Code 159018 | | |
| <015> | | obile USA LP | |
| <020> | Program Year 2014 | | |
| <030> | Contact Name - Person USAC should contact regarding this data Andrew M | . Lancaster | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> 913- | 762-6107 | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> andy | .m.lancaster@sprint.com | |
| | ne boxes below to note compliance as a recipient of Incremental Connect America Pha support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the i | | ess charge reductions, and Connect America Phase II |
| | Incremental Connect America Phase I reporting | | |
| <2010> | 2nd Year Certification {47 CFR § 54.313(b)(1)} | | |
| <2011> | 3rd Year Certification (47 CFR § 54.313(b)(2)) | | |
| | Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) | | |
| <2012> | 2013 Frozen Support Certification | | |
| <2013> | 2014 Frozen Support Certification | | |
| <2014> | 2015 Frozen Support Certification | | |
| <2015> | 2016 and future Frozen Support Certification | | |
| | Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} | | |
| <2016> | Certification Support Used to Build Broadband | | |
| | Connect America Phase II Reporting (47 CFR § 54.313(e)) | | |
| <2017> | 3rd year Broadband Service Certification | | |
| <2018> | 5th year Broadband Service Certification | | |
| <2019> | Interim Progress Certification | | |
| <2020> | Please check the box to confirm that the attached PDF, on line 2021, | | |
| | contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient | t · | |
| | of CAF Phase II support shall provide the number, names, and addresses of | | |
| | community anchor institutions to which began providing access to broadband | | |
| | service in the preceding calendar year. | | |
| <2021> | Interim Progress Community Anchor Institutions | Name of Attached Document Listing Required Information | |
| | | | |

| 3000) R | ite Of Return Carrier Additional Documentation | The state of the s | FCC Form 481 | The state of the s | |
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| <010> | Study Area Code Study Area Name Virgin Mo | obile USA LP | | | |
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| <030> | 170674111 | rew M. Lancaster | | | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 913-762-6107 | | | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | andy.m.lancaster@sprint.com | | | |
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| origous entire | ran elektrik betaran benerakan kendalah di pada benera pentahan sebarah berasakan dipentah di pentah berasa be | *** 中心不足不足。 *** 中心不足。 *** 中 | CONTRACTOR OF A SOCIETY CONTRACTOR OF THE SOCIETY O | NOT ALTER SERVICE AND A PROPERTY. | Francisco de la composición dela composición de la composición de la composición dela composición dela composición dela composición dela composición de la composición dela composició |
| CHECK t | he boxes below to note compliance on its five year service quality plan (pursua | int to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring | compliance with the financial | reporting requireme | nts set forth in 47 |
| | CFR § 54.313(f)(2). I further certify that t | he information reported on this form and in the documents attack | hed below is accurate. | | |
| | | | | | |
| | Progress Report on 5 Year Plan | | | | |
| (3010) | Milestone Certification (47 CFR § 54.313(f)(1)(i)) | Name of Attached Document Listing Required Information | | | |
| | Please check this box to confirm that the attached PDF, on line 3012, | | | | |
| | contains the required information pursuant to § 54.313 (f)(1)(ii), as a | | | | |
| (3011) | recipient of CAF Phase II support shall provide the number, names, and | | | , | |
| ,, | addresses of community anchor institutions to which began providing | | | | |
| | access to broadband service in the preceding calendar year. | | | | |
| | , , , | | | | |
| (3012) | Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) | Name of Attached Document Listing Required Information | | | <u> </u> |
| (3013) | Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) | | (Yes/No) | | |
| (3014) | If yes, does your company file the RUS annual report | | (Yes/No) | | ×4. |
| | Please check these boxes to confirm that the attached PDF, on line 3017, | | . — | | |
| | contains the required information pursuant to § 54.313(f)(2) compliance | | | | |
| | requires: Electronic copy of their annual RUS reports (Operating Report for | | | | |
| (3015) | Telecommunications Borrowers) | | 41 | | |
| (201-) | " | | | | * |
| (3016) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | 1 11 1 | | |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual | | | | |
| (3017) | report and all required documentation | Name of Attached Document Listing Required Information | | | |
| (3018) | If the response is no on line 3014, is your company audited? | | (Yes/No) | | |
| | If the response is yes on line 3018, please check the boxes below to | | | | |
| | confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains | | | | |
| | | | | | |
| (3019) | Either a copy of their audited financial statement; or (2) a financial report | | | | |
| | in a format comparable to RUS Operating Report for Telecommunications | | | | |
| (3020) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | | | |
| | Management letter issued by the independent certified public accountant | | | | |
| (3021) | that performed the company's financial audit. | | | | |
| | | | | | |
| | If the response is no on line 3018, please check the boxes below | | | | |
| | to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: | • | | | |
| | Copy of their financial statement which has been subject to review by an | • | | | |
| (2022) | independent certified public accountant; or 2) a financial report in a | | L_J: | | |
| (3022) | format comparable to RUS Operating Report for Telecommunications | | | | |
| | Borrowers, | | | | |
| (3023) | Underlying information subjected to a review by an independent certified | | | | |
| | public accountant | | | | |
| (3024) | Underlying information subjected to an officer certification. | | | | |
| (3025) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | لـــا | | |
| (3026) | Attach the worksheet listing required information | Name of Attached Document Listing Required Information | | | |
| ,5020/ | - manufacturing required information | Marie of Accessed pocalisest ristals reduied information | | | |
| | | | | | |

| | tion - Reporting Carr ection Form | ler PCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-------|--------------------------------------|--|
| <010> | Study Area Code | 159018 |
| <015> | Study Area Name | Virgin Mobile USA LP |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Pers | on USAC should contact regarding this data Andrew M. Lancaster |
| <035> | Contact Telephone N | lumber - Number of person identified in data line <030> 913 -762 - 6107 |
| <039> | Contact Email Addre | ss - Email Address of person identified in data line <030> andy.m.lancaster@sprint.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support ecipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | | | | | |
|--|---|------|------------|--|--|
| Name of Reporting Carrier: Virgin Mobile USA LP | | | 4.5 | | |
| ignature of Authorized Officer: CERTIFIED ONLINE | | Date | 10/10/2013 | | |
| rinted name of Authorized Officer: Jay Franklin | | | | | |
| itle or position of Authorized Officer: Assistant Controller | | | | | |
| elephone number of Authorized Officer: 913 762 6107 | | | | | |
| itudy Area Code of Reporting Carrier: 159018 | Filing Due Date for this form: 10/15/2013 | 3 | | | |

| Data Coll | ion : Agent / Carrier ection Form | FCCForm 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 | | | |
|-----------|---|---|--|--|--|
| <010> | Study Area Code | 159018 | | | |
| <015> | Study Area Name | Virgin Mobile USA LP | | | |
| <020> | Program Year | 2014 | | | |
| <030> | Contact Name - Person USAC should contact regarding this data Andrew M. Lancaster | | | | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> 913 - 762 - 6107 | | | | |
| <039> | <039> Contact Email Address - Email Address of person identified in data line <030> andy.m.lancaster@sprint.com | | | | |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | | | | | |
|--|--------------------------------|--|--|--|--|
| Name of Authorized Agent: | | | | | |
| Name of Reporting Carrier: | | | | | |
| Signature of Authorized Officer: | Date: | | | | |
| Printed name of Authorized Officer: | | | | | |
| Title or position of Authorized Officer: | | | | | |
| Telephone number of Authorized Officer: | 18.08. 12.1. 14. N | | | | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: | | | | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | | | | | |
|--|--------------------------------|-------|--|--|--|
| | | | | | |
| Name of Authorized Agent or Employee of Agent: | | | | | |
| Signature of Authorized Agent or Employee of Agent: | | Date: | | | |
| Printed name of Authorized Agent or Employee of Agent: | : | | | | |
| Title or position of Authorized Agent or Employee of Ager | nt | | | | |
| Telephone number of Authorized Agent or Employee of A | Agent: | | | | |
| | Filing Due Date for this form: | | | | |

Attachments